

# TACTICAL RESPONSE REPORT / Chicago Police Department

|  |   |  |   |   |  |  |   |   |  |  |            |  |
|--|---|--|---|---|--|--|---|---|--|--|------------|--|
| INCIDENT   | DATE OF INCIDENT  |  | TIME  | ADDRESS OF OCCURRENCE<br>4247 S ASHLAND AVE<br>CHICAGO, IL 60609  |  |  | LOCATION CODE<br>304  | BEAT/OCCUR.<br>0924   | VIDEO RECORDED INCIDENT<br><input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO<br><input type="checkbox"/> OTHER VIDEO                        |  |            |  |
|  | BUSINESS NAME   |  | <input checked="" type="checkbox"/> DNA   | EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)<br>STREET  |  |  | ASSIGNMENT TYPE<br><input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER<br><input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE   |   |  |  |            |  |
|  | EVENT NO.   |  | RD NO.  | IR NO.<br>13472   | CB NO.<br>JB165332   | 1821785  | CHARGE<br>720 ILCS 5.0/12-3.05-D-4 - AGG BATTERY/PEACE OFFICER  | INVOLVED A MOTOR VEHICLE PURSUIT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |            |  |
|  | LIGHTING<br><input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK<br><input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL   |  | WEATHER<br><input type="checkbox"/> CLEAR<br><input type="checkbox"/> CLOUDY  | <input type="checkbox"/> RAIN<br><input type="checkbox"/> SNOW/ICE<br><input type="checkbox"/> FOG  | PATROL TYPE?<br><input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL<br><input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/<br><input type="checkbox"/> FOOT <input type="checkbox"/> VAN/BUS<br>PAPV  |  |   | MEMBER WAS?<br><input checked="" type="checkbox"/> ALONE<br><input type="checkbox"/> WITH PARTNER   | ASSIST UNITS<br>ON SCENE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | INCIDENT<br>ON OUTDOOR   |            |  |
| INVOLVED MEMBER  | RANK<br>9161  | LAST NAME<br>BARNES  |   | FIRST NAME<br>JEREMY  |  | EMPLOYEE NO.<br>[REDACTED]   | SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F   | RACE<br>2   | AGE<br>32  | HT.<br>606   | WT.<br>325 |  |
|  | DATE OF APPT.<br>05-MAR-2013  | UNIT & BEAT OF ASSIGN.<br>312  | DUTY STATUS<br><input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF  | IN UNIFORM?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | TYPE OF MEMBER INJURY<br><input type="checkbox"/> None / None Apparent<br><input type="checkbox"/> Minor Swelling  | Minor Contusion/Laceration<br><input type="checkbox"/> Complaint of Substantial Pain<br><input type="checkbox"/> Significant Confusion   | Laceration Requiring Sutures<br><input type="checkbox"/> Broken/Fractured Bone(s)<br><input type="checkbox"/> Heart Attack/Stroke/Aneurysm  | Gun Shot<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Other (Explain)  |  |  |            |  |
| SUBJECT INFORMATION  | LAST NAME<br>WHITE  |  | FIRST NAME<br>JERMARIE  |   | M.I.<br>T  | SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  | RACE<br>BLACK   | D.O.B.<br>11-APR-1991   | HT.<br>506   | WT.<br>130   |            |  |
|  | ADDRESS<br>1111 S LAFLIN ST<br>CHICAGO, IL 60607  |  | TELEPHONE NO.   |   | CONDITION<br><input checked="" type="checkbox"/> Apparently Normal<br><input type="checkbox"/> Injured Unrelated to Force  | Injured by Member<br><input type="checkbox"/> Alleges Injury by Member<br><input type="checkbox"/> Under Influence of Alcohol  | Under Influence of Drugs<br><input type="checkbox"/> Mental Illness /<br><input type="checkbox"/> Emotional Disorder  |   |  |  |            |  |
|  | MEDICAL TREATMENT?<br><input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS <input type="checkbox"/> Requested  |  | <input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)<br><input type="checkbox"/> Performed by CFD EMS   |   | SUBJECT INJURY BY MEMBER'S USE OF FORCE?<br><input checked="" type="checkbox"/> None/None Apparent<br><input type="checkbox"/> Subject Alleged Injury  |  |   | Non-Fatal - Minor Injury <input type="checkbox"/> UNK<br>Non-Fatal - Major Injury <input type="checkbox"/> Fatal  |  |  |            |  |
| SUBJECT'S ACTIONS<br>(Check all that apply)  | <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION<br><input type="checkbox"/> VERBAL THREATS<br><input type="checkbox"/> STIFFENED (DEAD WEIGHT)<br><input checked="" type="checkbox"/> PULLED AWAY<br><input checked="" type="checkbox"/> FLED<br><input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON<br><input type="checkbox"/> OTHER (DESCRIBE) |  |   |   |  |  | <input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)<br><input checked="" type="checkbox"/> HAND/ARM/ELBOW STRIKE<br><input type="checkbox"/> KNEE/LEG STRIKE<br><input type="checkbox"/> MOUTH/TEETH/SPIIT<br><input type="checkbox"/> PUSH/SHOVE/PULL<br><input type="checkbox"/> GRAB/HOLD/RESTRAIN<br><input type="checkbox"/> WRESTLE/GRAPPLE<br><input type="checkbox"/> OTHER (DESCRIBE)  |   |  |  |            |  |
|  |   |  |   |   |  |  | <input type="checkbox"/> THROWN OBJECT (DESCRIBE)<br><input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON<br><input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON<br><input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON<br><input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM  |   |  |  |            |  |
|  |   |  |   |   |  |  | <input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:<br><input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING <input type="checkbox"/> EXPLOSIVE DEVICE<br><input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> INSTRUMENT <input type="checkbox"/> OTHER (DESCRIBE)<br><input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> VEHICLE<br><input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN<br><input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS: |   |  |  |            |  |
|  |   |  |   |   |  |  | WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint<br><input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon<br><input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member   |   |  |  |            |  |
| SUBJECT ACTIVITY<br>Drug-Related?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   | Gang-Related?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?  |  | <input type="checkbox"/> NO  | IF YES, IDENTIFY MANNER OF ATTACK?<br><input checked="" type="checkbox"/> YES   | MANNER OF ATTACK?<br><input type="checkbox"/> Shot/Shot At<br><input type="checkbox"/> Slabbed/Cut (Including Attempt)  | <input checked="" type="checkbox"/> Struck/Blunt Force (Including Attempt)<br><input type="checkbox"/> Other (Including Verbal Threats)                      |  |            |  |
| TYPE OF ACTIVITY?<br><input type="checkbox"/> Ambush - No Warning<br><input checked="" type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Investigatory Stop   |   | <input type="checkbox"/> Disturbance - Domestic<br><input type="checkbox"/> Man with a Gun<br><input type="checkbox"/> Disturbance - Mental Health |   | <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder<br><input type="checkbox"/> Disturbance - Other<br><input type="checkbox"/> Other - Describe in Narrative |  | <input type="checkbox"/> Pursuing/Arresting Subject<br>Charge: _____   |   | <input type="checkbox"/> Processing/Transporting/Guarding Arrestee<br>Charge: _____   |  |  |            |  |
| REASON FOR RESPONSE?<br><input type="checkbox"/> Defense of Self<br><input type="checkbox"/> Defense of Department Member  |   | <input type="checkbox"/> Defense of Member of Public<br><input type="checkbox"/> Overcome Resistance or Aggression                                 |   | <input type="checkbox"/> Stop Self-Inflicted Harm<br><input type="checkbox"/> Fleeing Subject   |  | <input type="checkbox"/> Subject Armed with Weapon<br><input type="checkbox"/> Unintentional   |   |   |  |  |            |  |
| FORCE MITIGATION/EFFORTS   |   |  |   |   |  | CONTROL TACTICS  |   |   |  |  |            |  |
| <input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK<br><input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> TACTICAL POSITIONING<br><input type="checkbox"/> ADDITIONAL UNIT MEMBERS |   |  |   |   |  | <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER<br><input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS<br><input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING |   |   |  |  |            |  |
| RESPONSE WITHOUT WEAPONS   |   |  |   |   |  | RESPONSE WITH WEAPONS  |   |   |  |  |            |  |
| <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS<br><input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER<br><input type="checkbox"/> ELBOW STRIKE<br><input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH<br><input type="checkbox"/> KNEE STRIKE   |   |  | <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER<br><input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE<br><input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON                                    |   |  | <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)<br><input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL<br><input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN<br><input type="checkbox"/> OTHER   |   |   |  |  |            |  |
| *AUTHORIZED BY (NAME)  |   |  |   |   |  | RANK   | STAR NO.  | UNIT NO.  |  |  |            |  |
| MEMBER'S RESPONSE<br>(Check all that apply)  | NO. OF WEAPONS DISCHARGED BY THIS MEMBER  |  | WEAPON TYPE:<br><input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN<br><input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> OTHER<br><input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE<br><input type="checkbox"/> TASER <input type="checkbox"/> OTHER PERSON |   | WEAPON SERIAL NO.  |  | WEAPON CERT. NO.  |   |  |  |            |  |
|  | DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?<br><input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER  |   | WAS SUBJECT VEHICLE USE AS A WEAPON?<br><input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON  |  |   |   |  |  |            |  |
|  | WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   | PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):<br><input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT<br><input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN |  |   |   |  |  |            |  |
|  | TASER DISCHARGE ONLY  |  | TASER DART ID NO.   |   | PROPERTY INVENTORY NO.   |  | PROBE DISCHARGE<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA<br><input type="checkbox"/> OTHER  | CONTACT STUN<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA<br><input type="checkbox"/> OTHER | ARC CYCLE<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA<br><input type="checkbox"/> OTHER | SPARK DISPLAY<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA<br><input type="checkbox"/> OTHER |            |  |
| FIREARM DISCHARGE ONLY   |   | WHO FIRED FIRST SHOT?<br><input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)<br><input type="checkbox"/> OFFENDER             |   | TOTAL NO. OF SHOTS<br>MEMBER FIRED  |  | WAS FIREARM RELOADED DURING INCIDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | MAKE/ MANUFACTURER  | MODEL   | DID MEMBER FIRE AT A VEHICLE?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES   |  |            |  |

## NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DISTRICT OF OCCURRENCE      NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE):  OEMC  CPIC

**NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)**

WHILE CONDUCTING A TRAFFIC STOP, THE LISTED SUBJECT WAS ASKED TO EXIT THE VEHICLE. ONCE THE SUBJECT EXITED THE VEHICLE, THE SUBJECT PUSHED THE LISTED MEMBER ON OR ABOUT THE MEMBERS CHEST CAUSING THE MEMBER TO STUMBLE BACK. THE SUBJECT FLED ON FOOT BEFORE THE MEMBER HAD TIME TO RESPOND.

|   |                            |           |  |  |
|---|----------------------------|-----------|--|--|
| REPORTING MEMBER (Print Name)<br>BARNES, JEREMY | STAR/EMPLOYEE NO.<br>13912 | SIGNATURE |  |  |
|---|----------------------------|-----------|--|--|

### REVIEWING SUPERVISOR

|  |                        |  |               |  |   |   |  |               |
|--|------------------------|--|---------------|--|---|---|--|---------------|
| TYPE OF SUBJECT INJURY   |                        | HOW WAS INJURY SUSTAINED?  |               |  |   |   |  |               |
| <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Gun Shot<br><input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain) |                        | <input type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other<br><input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other |               |  |   |   |  |               |
| WITNESSES  | LAST NAME              |  | FIRST NAME    |  | M.I.  | SEX<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F | RACE                                     | DATE OF BIRTH |
|  | ADDRESS<br>CHICAGO, IL |  | TELEPHONE NO. |  | WITNESS INTERVIEW   |   | <input type="checkbox"/> OTHER (Specify) |               |
|  |                        |  |               |  | <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT<br><input type="checkbox"/> REFUSED |   | AVAILABLE _____                          |               |
| WITNESS STATEMENT  |                        |  |               |  |   |   |  |               |

### REVIEWING SUPERVISOR: COMMENTS

P.O. JEREMY BARNES #13912 WHILE CONDUCTING A TRAFFIC STOP WAS STRUCK IN THE CHEST BY OFFENDER WHITE, JERMARIE, T., WHO THEN FLED THE AREA. P.O. JEREMY BARNES HAD NO TIME TO REACT AND DID NOT USE FORCE AGAINST OFFENDER WHITE, JERMARIE, T.

|   |                  |  |   |                   |
|---|------------------|--|---|-------------------|
| ATTACHMENTS:  |                  | <input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> INVENTORY <input type="checkbox"/> IOD REPORT <input type="checkbox"/> TASER DOWNLOAD <input type="checkbox"/> OTHER |   |                   |
| REVIEWING SUPERVISOR:   |                  |  |   | LOG NO. OBTAINED. |
| <input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  |                  | <input checked="" type="checkbox"/> LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).  |   | 1088587           |
| <input checked="" type="checkbox"/> I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.   |                  |  |   |                   |
| REVIEWING SUPERVISOR NAME (Print)<br>CAVANAUGH, MICHAEL   | STAR NO.<br>1063 | SIGNATURE<br>[REDACTED]  | DATE/TIME COMPLETED<br>26-FEB-2018 0521 |                   |
| DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:<br>1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.<br>2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:<br>A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,<br>B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND<br>C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION. |                  |  |   |                   |

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

|                      |                    |                  |  |                     |  |
|----------------------|--------------------|------------------|--|---------------------|--|
| INCIDENT INFORMATION | DATE OF INCIDENT   | TIME             | ADDRESS OF OCCURRENCE  | EVENT NO.           | RD NO.   |
|                      | 25-FEB-2018        | 2000             | 4247 S ASHLAND AVE CHICAGO, IL 60609                             | 13472               | JB165332   |
|                      | RANK               | MEMBER LAST NAME | MEMBER FIRST NAME  | EMPLOYEE NO. CB NO. | CHARGE<br>720 ILCS 5.0/12-3.05-D-4 - AGG BATTERY/PEACE OFFICER |
|                      | 9161               | BARNES           | JEREMY   | 19607059            |  |
| SUBJECT LAST NAME    | SUBJECT FIRST NAME | M.I.             | SEX  | RACE                | D.O.B.   |
| WHITE                | JERMARIE           | T                | <input checked="" type="checkbox"/> M <input type="checkbox"/> F | BLK                 | 11-APR-1991  |

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)  
Offender in surgery

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

There were no BWC or ICC video footage of this incident. Reporting Deputy Chief reviewed available private video which captured a portion of the incident. No potential witnesses were available at this time for interview. The listed offender was a passenger in a vehicle in which a traffic stop was conducted. The offender shoved Officer Barnes in the chest before fleeing on foot. Officer Barnes remained with the vehicle while the offender was pursued by other police officers. The offender was subsequently shot by another police officer and was transported to a hospital for treatment of his injuries. Officer Barnes was in compliance with department policy.

LOG# (088587)

Attachment# 10

## LT OR ABOVE/INCIDENT COMMANDER:

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  | BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE: | <input checked="" type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. |
| <input type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE  |  | <input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.        |
| <input type="checkbox"/> REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: |  | <input type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.              |

## ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO.

SIGNATURE

DATE/TIME COMPLETED

O DONNELL, JAMES C

13

26-Feb-2018